

## **BANK DRAFT ENROLLMENT**

## **AUTHORIZATION FOR CITY OF YUKON DIRECT BANK DRAFT PAYMENTS**

I authorize the City of Yukon and the financial institution named below to initiate entries to my checking/savings account to pay my monthly utility bill. I understand that my drafts will not begin until after my bank account pre-notes on the first payment due date following my enrollment, and that I must pay my monthly bill until "PD BY DRAFT" appears on my statement. This authority will remain in effect until I notify the City of Yukon in writing at least 10 business days prior to the date I wish to cancel. also agree to notify the City of Yukon in writing if I change financial institutions or bank account numbers at least 10 business days prior to my payment due date. I understand the City of Yukon will charge a \$30 fee if any item is returned by my financial institution unpaid for any reason. I acknowledge that the City of Yukon may cancel this agreement to comply with its policies regarding returned items. I understand that my entire balance due will be deducted on the 15th calendar day of each month, or on the next business day if the 15th falls on a Saturday, Sunday or recognized legal holiday. I waive my right to make special pay arrangements while this agreement is in effect. I agree that any adjustments made on my account due to leak repairs or for any other reason will be credited to future bills on my account. A voided check or deposit slip is hereby attached from the account I wish to be drafted.

(Customer Name—Please Print)	(Home Phone)	(Cell Phone)
(Address)	(State)	(Zip Code)
(Financial Institution Name)		(Routing Number)
(Bank Account Number)	(Checking Acct?)	(Savings Acct?)
(Customer Signature)		(Date)

## ATTACH VOIDED CHECK HERE RETURN TO:

City of Yukon
Utility Billing Department
PO Box 850500
500 W Main St
Yukon, OK 73085
405-350-3910
405-350-8909 fax
customerservice@yukonok.gov